EXHIBIT "B"

MONTEFIORE MEDICAL CENTER
RIKERS ISLAND HEALTH SERVICES

REQUEST FOR X-RAY

X-RAY #

EXAMINATION
REQUESTED

®️ ARM

EXAMINATION	
☐ GI Series	
☐ Barium Enema	
☐ I.V. Pyelogram	
☐ Chest Routine	
☐ Abdomen	
☐ Skull	

FACILITY   C95   HOUSING AREA

NAME   HARRISON, JOHN

I.D.#   14195204 35.
        5424153-Q
D.O.B. Q.W.

DOB 6 - 14 69.

HISTORY AND CLINICAL INFORMATION

PT CLAIMS:-
" FOREIGN BODY -
- BL PHLEBOTOMY NEEDLE
IN ®️ ARM "

HISTORY OF ALLERGIES   R/O. FOREIGN BODY

Ordered By _____ Request Date 3/18/95
Approved By _____ Date Approved _____ M.D.

Age		Sex	
Previous X-Ray	☐ Yes ☐ No		
Females: Pregnant	☐ Yes ☐ No	If Yes: Date of last period	

TIME IN

TIME OUT

FILM USED

14x17	14x14	11x14	10x12	8x10	Signed:
					Date

DO NOT WRITE BELOW THIS LINE - FOR RADIOLOGY USE ONLY

REPORT

FS

needle overlies
the soft tissue of distal
radius

3-00-66

X
R
A
Y

R
E
P
O
R
T

Date _____

Radiologist M.D. _____